



Nurse Delegation Program

**Medication Assistant
Train-The-Trainer
(MATT)**

(NDP-1) - MANUAL 1

This manual is designed for Registered Nurses who certified by the Alabama Department of Mental Health and Mental Retardation and who are authorized to train other registered nurses and licensed practical nurses in the community on Medication Administration. A Registered Nurse is designated as a Medication Assistant Trainer after:

- 1) completion of the MAS training program, and
- 2) successful performance of the MAS post-test.
- 3) completion of the MATT self-study course, and
- 4) successful performance of the MATT post-test.

The MATT staff person is a registered nurse with at least one year of experience in caring for residential clients in the mental illness, substance abuse, or mental retardation system.

Materials Needed to Supplement this course:

This training manual is designed for use with manuals 2.1 and 2.2, as well as the administrative guidance in manuals 5.1 and 5.2.

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MEDICATION ASSISTANT TRAIN-THE-TRAINER (MATT) MANUAL

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SECTION 1

TRAIN-THE-TRAINER

TRAINING OBJECTIVES FOR MATT PROFESSIONALS

Upon completion of this self-study program, the MATT certified nurse will be able to:

1. Develop total familiarity with the NDP system including curriculum and regulations.
2. Recognize common concerns among MAS-RNs and LPNs over liability and licensing issues.
3. Describe the concept of community standard of care as defined under the MATT program.
4. Define practices that are specifically prohibited by Board of Nursing or Pharmacy Board regulations.
5. Explain the rationale for prohibited practices by MAC workers, such as injections, PEG tube feedings.
6. Explain the system for PRN medications.
7. Prepare for technical, medical, and pharmacological questions from nurses with limited or minimal experience in care for persons with mental illness, mental retardation, or addictive disorders.
8. Explain the process of safeguarding resident's rights.
9. Know your audience and their past work experience.
10. Alert RNs or LPNs to challenging behaviors or health issues in all three resident populations.

SECTION 2

TRAIN-THE-TRAINER

TEACHING REGULATORY COMPLIANCE

Introduction to the Nurse Delegation Program (NDP)

National nursing organizations have recognized that insufficient numbers of nurses are available in the United States to provide all services currently mandated for provisions by RN's or LPN's. Over two-thirds of the states now have a nurse delegation program to meet this shortage. The national standards for a nurse delegation program are defined through your national, professional organization and have been published on the November 2006 Board of Nursing website (See Appendix 1). The Alabama program described by this manual adheres to all proposed or approved national standards for nurse delegation.

Nurse delegation will remain a practice reality until adequate numbers of nurses are available to provide all medication administrative services. During this interval, the national trend is toward allowing non-licensed persons with adequate training and supervision to assist the nurse. All of the guidelines included in the nurse delegation program (NDP) meet or exceed national standards. The Alabama system is more tightly regulated than systems in other states such as Georgia, Tennessee and South Carolina. This historical background is important to explain to nurses who are undergoing training why this standard is now the national norm and necessary in Alabama.

In this document, “delegation” or “certification” refers to the decision by a Medication Assistant Supervising (MAS) nurse to sign the delegation form that allows a Medication Assistant Certified (MAC) worker to assist with the administration of medications.

Prior to studying this manual, nursing professionals should review all information in Administrative Guidance 5.1 or 5.2. This program prepares the MATT nurse to train RN and LPN colleagues on the NDP system. The NDP system is complex. Many acronyms are used to facilitate reading. The Appendix contains a list of common terms and acronyms.

2.1. Understanding the Role of a Medication Assistant Train-the-Trainer (MATT) Nurse

A medication assistant train-the-trainer (MATT) nurse is a registered nurse with basic experience in the provision of residential services to persons with mental illness, mental retardation, or substance abuse who can assist with the training of other registered nurses or LPN's in the field. The train-the-trainer position was

created to maximize flexibility for organizations to develop adequate workforce to care for residents.

The train-the-trainer nurse will assist with education of RN's and LPN's who are becoming medication assistant supervising (MAS) nurses. The MATT nurse can answer questions for applicants who review the videos but may have multiple questions about the content material. The train-the-trainer will also provide advice on study for the test as well as administering the test to individuals who have reviewed the videos and training material. A preliminary set of DVD's will be produced for the train-the-trainer, while the finished products are in development.

We envision a flexible system where the candidate MAS-RN/LPN will review the DVD's and discuss the material with the train-the-trainer nurse. Once the material has been reviewed and the nurse feels comfortable that the candidate has mastered the information, the candidate can attempt the test. The train-the-trainer will help remediate nurses who fail the test. The train-the-trainer will also serve as a contact point for new information about the system. The MATT nurse serves as an information resource and liaison within a specific organization. Small organizations that lack this resource may need to depend upon Department level resources to support this mission.

2.2. Basic Requirements to the Teach the MAS Course

A person who instructs other nursing personnel about the Nurse Delegation Program should have detailed knowledge of the Department of Mental Health and Mental Retardation (DMH/MR), Board of Nursing (BON) regulations, residential care procedures, and other regulatory issues that pertain to this program. The MATT staffer is a registered nurse with at least one year of experience in caring for residential clients in the mental illness, substance abuse or mental retardation system. The trainer will be required to answer numerous questions about regulatory issues and should familiarize themselves with the actual Board of Nursing regulation **(610-X-6-.15 See page 5 and 6)**.

The rights and responsibilities of each member of the NDP program are defined in **Section 4**. The Medication Assistant Supervising (MAS) nurse is responsible for the selection of the MAC workers and should follow guidelines provided by the Alabama Department of Mental Health and Mental Retardation (ADMHMR). The MAS nurse is also responsible to determine whether the MAC worker continues to demonstrate a sufficient level of professionalism to warrant their continued use in this professional position. Only the MAS nurse has the authority to certify a MAC worker and this decision should always rest on the professional qualifications of the individual. The MAS nurse has the authority at anytime to withdraw delegation.

2.3. Preparing for Frequently Asked Questions

The delegating nurses and the MAC workers may ask important regulatory questions that pertain to the Nurse Delegation Program. Frequently asked questions include:

1. Does the Board of Nursing authorize me to allow non-licensed persons to assist with administration of medications?
2. In the event that there is a complaint about a delagee, is my license in jeopardy?
3. If a mistake occurred, am I legally liable for the actions of the MAC worker?
4. What are my rights and responsibilities as a delegating nurse?

During the course of training, these questions should be addressed by the trainer to inform the delegating nurse about the authority of the program and the lines of responsibility for the conduct of the MAC worker.

2.4. Authority for the Nurse Delegation Program

The Alabama Board of Nursing has authorized properly trained and certified non-licensed individuals to assist with the dispensing of medications in all facilities certified by the DMH/MR. The Medication Assistant Supervising (MAS RN and MAS LPN) nurses must follow guidelines provided by the Alabama Department of Mental Health and Mental Retardation as described in the operational manual (NDP 5.1 or 5.2). This procedure has been reviewed and approved by the Alabama Board of Nursing and by the Alabama Department of Mental Health/Mental Retardation. The Department of Mental Health reports on a regular basis to the Board of Nursing about the operation of this program and quality assurance issues that pertain to worker performance.

This type of delegation program has been employed in multiple other states in the United States to address this specific issue. The Board has previously authorized school personnel to work with school nurses to assist with administering medications during school. The ADMHMR NDP program closely parallels the school program. The Board (BON) is fully aware of the fact that the school nurses are operating this program and have worked with the school systems to assure a smooth, orderly transition.

2.5. Reasons for the Nurse Delegation System

Delegation programs occur because there are inadequate numbers of nursing professionals in the state of Alabama to administer every medication to every resident in every program. The federal guidance under Olmstead requires states to offer disabled individuals the least restrictive environment for community living. The NDP program is an effort to prevent institutionalization of persons with mental retardation or mental illness as a result of inadequate nursing staff to administer essential medications in small, home-like environments. This program is not an attempt to diminish the value of nurses or dilute the importance of their professional judgment.

The Robert Wood Johnson Foundation calculates that Alabama has a 5% deficit of nursing professionals and this number will grow over the next decade. Statistics project that 55% of Alabama's nursing workforce will retire by 2020. The NDP program is designed to meet this challenge in Alabama. The use of nurse extenders does not suggest that leadership in ADMHMR is attempting to replace nurses with less-qualified workers. This program deals with the real and growing problem of nursing shortages.

Table 1. Understanding the Nursing Shortage in Alabama

Year	Supply	Demand	%
2000	30,987	31,902	0
2005	32,606	34,422	-5
2010	34,986	37,257	-6
2015	36,127	40,689	-11
2020	36,309	44,662	-19

RWJ Report. www.RWJF.org

2.6. Discussing Liability Issues with RN's and LPN's

Liability continues to be an issue in all aspects of healthcare. Any healthcare professional can be sued under any circumstance when a perceived or real adverse event occurs. Medication administration errors occur on a regular basis in all clinical settings as administered by all different types of healthcare professionals including physicians, pharmacists, registered nurses and LPN's. A medication mis-administration does not necessarily constitute negligent care. Successful lawsuits occur when healthcare professionals violate the community standard of care and do not adhere to basic practices and this failure produces adverse consequences to a resident. The Nurse Delegation Program clearly defines the MAC system as the acceptable, community standard of care. MAC selection and MAC training are quite structured and offer clear guidance to MAS nurses. MAS nurses who 1) select appropriate MAC workers, 2) conduct appropriate training of their MAC candidates, and 3) exercise proper supervision through quality assessments have met the community standard of care. Nurses within the Nurse Delegation Program are operating under the certification guidelines of the Alabama Department of Mental Health and Mental Retardation as well as the corporate organization which manages the facility or the program in which they practice.

2.7. Understanding the Philosophy of the Board of Nursing on the NDP System

The Board of Nursing (BON) has several basic principles that guide its decisions on policy for the Nurse Delegation Program. Resident safety is the primary concern of the BON. The Board is extremely concerned that resident assessments and clinical decisions are performed by the licensed staff. The Board has allowed licensed practical nurses to manage almost all aspects of the program except for the initial decision as to whether a resident 1) is appropriate for self-medication, 2) needs MAC assistance, or requires the attention of a licensed staff person.

The BON and the leadership in ADMHMR are extremely concerned that skilled services be provided by skilled staff. The standard for skilled services may create problems in some facilities and the trainer nurse should spend some time discussing possible issues that may arise with this regulatory constraint.

2.8. Teaching the Resident Assessment for Self-Medication

The selection of residents for self-medication and the ongoing re-evaluation to assure that the residents can continue to self-medicate is a serious administrative issue. The MATT nurse should carefully discuss the three “self-medication criteria” defined by NDP and possible exceptions to the rule. The discussion should include a distinction between problems with patient compliance versus competency to self-medicate. The instructor should use vignettes or personal experiences to highlight the distinction between a resident who won’t take a medicine versus a resident who can’t take the medicine.

2.9. Quality Assurance Management of the NDP Program

Quality assurance data will be collected on rates of medication administration errors by all divisions in DMHMR. The MATT nurse should explain quality assurance documentation as well as the quality assurance review process. The Department has an understanding that aggregate system wide data will be reviewed with the Board of Nursing on an annual basis in the context of discussing our performance and adherence to agreed upon guidelines. The individual quality assurance data for a particular MAS nurse, MAC worker, facility or program will not be released to the Board or any other external agency. Such data is confidential and shielded by quality assurance protections.

2.10. Defining the Responsibilities of the Leadership in the Residential Program

Residential managers are responsible for assuring that supervising nurses have sufficient numbers of MAC workers to provide services based on the level of need for their residents. Residential programs are also responsible for assuring that sufficient numbers of RN’s or LPN’s are available to manage MAC workers and provide 24-hours per day, 7-days per week backup assistance to MAC workers. The Board of Nursing expects that important decisions about resident care or changes of resident status are reviewed by a licensed professional. The Board’s philosophy focuses on using the MAC worker as the eyes, ears, and hands of the

nursing service while reserving assessment or critical decision-making to the licensed professional. Facility program managers are responsible for assuring that medications are available in appropriately labeled packages to meet Board of Pharmacy requirements.

The average RN or LPN has limited familiarity with the complex regulatory system that governs dispensing and administration of medications. Dispensing is controlled by the Board of Pharmacy while administration is monitored by the BON. The MATT worker should have sufficient familiarity with these systems to accurately answer questions.

2.11. MATT Certification

MATT certification is limited to Registered Nurses with at least one year experience in residential care within the ADMHMR system. Equivalent experience will be considered on a case-by-case basis. Experience can occur in any division but MATT certification allows training in all divisions. The MATT candidate must first complete the MASRN course and test. The MATT worker must complete the MATT test by the second attempt. MATT workers should familiarize themselves with basic information in mental illness, mental retardation, and substance abuse.

SECTION REVIEW

1. What basic experience must a nurse have acquired to qualify as a medication assistant train-the-trainer?
2. Does the Board of Nursing authorize me to allow non-licensed persons to assist with administration of medications?
3. In the event that there is a complaint about a delagee, is my license in jeopardy?
4. If a mistake occurred, am I legally liable for the actions of the MAC worker?
5. What are my rights and responsibilities as a delegating nurse?

SECTION 3

TRAIN-THE-TRAINER

MANAGING THE MAC WORKER

3.1. **Selecting the right Person for MAC responsibilities**

Selection and periodic assessment of the MAC worker is an essential component to the safety and efficacy of the NDP program. The MATT RN trainer should emphasize several important features to the MAS nurse about MAC workers, including technical competence, professionalism, personal integrity, and respect for resident's rights. The available workforce for MAC workers spans a continuum from individuals with advanced degrees to individuals with a basic high school diploma and limited academic abilities. Common sense is an important component to the MAC selection process. Certain intangible features, such as personal maturity, reliability, and other aspects will depend upon the judgment of the MAS RN or MAS LPN.

The MAS-RN/LPN should be empowered to select only those individuals who appear to have the maturity and motivation to manage this important responsibility.

3.2. **Teaching Safeguards in the NDP System**

The Department of Mental Health and Mental Retardation (ADMHMR) and the Board of Nursing agree that the nurse who signs the delegating authority for a particular MAC worker has the power to certify and de-certify workers. The de-certified worker is not terminated from employment by the nurse but rather the facility management determines whether to continue employment. Under most circumstances, the MAS nurse does not employ the individual, but rather specifies that this person is capable of managing the MAC responsibilities. The MATT trainer should emphasize to the MAS RN/LPN that the Department's policy is designed to preserve their authority in the delegating decision. MAC workers should not receive delegated authority because the facility lacks adequate manpower to meet the service requirements, but rather workers should receive delegation when they are capable of meeting the professional standards of a MAC worker. Any violation of that policy should be reported to the Department of Mental Health and Mental Retardation.

Some MAS nurses will supervise many MAC workers and these individuals may have limited contact with the MAC workers. The quarterly assessment assures that workers have regular review and supervision by a licensed professional. The assessment process is designed to be simple and to minimize the amount of paperwork and regulatory burden for the nurses. Problems with a MAC worker must be immediately reported to the MAS nurse who certified that individual. The NDP regulations do not specify the ratio of nurses for MAC workers because

this decision is best made by the individual nurse. The MASRN/LPN should not be compelled to supervise more MAC workers than the MAS nurse can safely manage

3.3. Explaining the Rationale for the MAC Testing System

The MAC workforce will have a variety of academic skills and some MAC candidates may have difficulty with multiple choice questions. Some individuals may become quite anxious during the testing process. Under exceptional circumstances, the individual may have the test read to them. This practice should not be routine and workers should normally have adequate academic skill to complete the test. The literacy level of the test is approximately the 9th grade. Reading a test to a student introduces the obvious possibility of influencing answers and MAS nurses must be very careful to avoid those situations. Only the MAS nurse can administer the test to these individuals. The MAS nurse does not need to be present throughout the entire testing session; however, the student should be provided a quiet room, free of distraction and devoid of any opportunity for coaching by other individuals. The second and third “make-up” tests are very similar to the initial test. The testing material covers basic safety issues and is not designed as an exceptionally challenging knowledge instrument. Students should be encouraged to re-study prior to re-taking the test.

The MAS knowledge test is challenging because licensed professionals are expected to adhere to a different standard. The test focuses on major principles and safety issues. The correct answers on both the MAC and the MAS test are non-negotiable. Students are not allowed to change answers once they have completed the test. Students are not allowed to ask for clarifications or coaching during the test. Students are encouraged to use the MAC Facts during the test but no other aides.

3.4. De-certification of Employees

A decision to de-certify an employee is important to the nurse, the worker, and the organization in which the employee works. A de-certification decision should be carefully documented. De-certification can occur based on the occurrence of a breach in MAC operating procedures that produces a Level-2 or Level-3 error or repeated minor violations that suggest lack of professionalism and competency. A major deficiency in any of the four quality domains may be sufficient for temporary or permanent de-certification. Intentional falsification of documentation, especially on the MAR is a very serious event. Intentional MAR falsification should be considered as an event that warrants consideration for de-certification. Ultimately, all de-certification decisions depend on the best judgment of the MAS nurse or the program director. The program director has the authority to decertify or terminate a MAC worker. The manager cannot override the MAS nurse to reinstate the MAC status for an employee decertified by the delegating MAS nurse.

3.5. Teaching Quarterly Assessment of the MAC Worker

The MASRN/LPN shall assess the performance of the MAC worker under their delegation authority on a quarterly basis. The quarterly performance review will include four domains: 1) technical competence, 2) professionalism, 3) personal integrity, and 4) respect for residents' rights. All workers will be scored on a 1 to 5 scale with 1 indicating unacceptable, and five indicating outstanding.

The evaluation provides the MAS worker with an opportunity to praise excellence and remediate deficiencies. Some nurses have not assumed supervising roles in the past and the MATT staffer should open the topic for discussion. The MATT nurse can share past supervisory experiences that work for improving performance. Each evaluation should review at least, one strength and provide one suggestion for improvement.

A. Technical Competence. A technically competent MAC worker is an individual who consistently assists residents to take their medications without serious or repeated errors. Any Level-3 error is considered to be serious and requires immediate re-evaluation. Technical competence includes ability to assist with medications, ability to complete paperwork in a timely accurate manner, and adherence to dispensing regulations.

B. Professionalism. Professionalism is defined by the MAC worker's ability to assist the resident in taking his/her medications, provide compliance encouragement, monitor for side effects, and offer basic help and encouragement as defined in the MAC Manual.

C. Personal Integrity. Integrity focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and other rules that pertain to this program.

D. Respect for Resident's Rights. Respect for resident's rights evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as human beings.

E. Assessing Medication Administration Errors. Each medication administration error must be evaluated on individual merit. The occurrence of an administration error does not imply incompetent workers or negligent practices. Administration errors are common in all healthcare settings but these occurrences are not acceptable as standard practice.

The MATT nurse must know the definitions for specific levels of medication errors. The MATT trainers should have at least two clinical examples of each type of error as a discussion and clarification tool.

3.6. Continuing Education and Recertification of MAS Staff

The MAS and MATT staff will be recertified every two years using a standardized testing system. Updates and regulatory changes will be posted on www.mh.alabama.gov, as well as the www.alanurse.com websites. Both groups are encouraged to review these sites on a regular basis.

SECTION 4

TRAIN-THE-TRAINER

ESSENTIAL TEACHING POINTS FOR THE MATT TEACHING PROGRAM

IMPORTANT CONCEPTS TO EMPHASIZE FOR MAS STAFF DEALING WITH PERSONS WITH MENTAL ILLNESS OR SUBSTANCE ABUSE

1. Medication compliance is a major issue for a person with serious mental illness.
2. Medication side effects are common with psychotropic medications.
3. Monitoring for side effects is a major part of the MAC job.
4. Reporting medication administration errors is a serious responsibility.
5. Persons with serious mental illness may not report new health problems or worsening of old health problems.
6. Change in residence status is important and requires consultation with the MAS nurse.
7. Skilled services must be provided by licensed staff.
8. PRN medications require consultation with the MAS nurses.
9. Mental illness causes stigma and MAC workers must respect the rights and privacy of residents.
10. For new employees, expect certain behaviors.

KEY FACTS TO EMPHASIZE FOR MAS STAFF DEALING WITH RESIDENTS WITH MENTAL RETARDATION

1. Mental retardation can be caused by many factors and each resident is different.
2. Many persons with mental retardation also have medical or neurological problems such as seizure disorders.
3. Persons with mental retardation very often cannot recognize their medicines and the MAC worker must be very careful in assisting with administration of these drugs.
4. Persons with mental retardation very often cannot report side effects and MAC workers must be very observant of this.
5. New health problems often cause mood behavioral problems.

6. The MAC worker should report any significant change in behavior to the MAS nurse.
7. The MAS nurse must help the MAC worker distinguish typical fluctuations in behavior from significant changes in behavior.
8. MAC nurses and workers should be aware that persons with mental retardation are vulnerable to abuse, neglect, and violation of their rights to confidentiality.
9. For new employees, expect new and challenging behaviors.

SECTION 5

TRAIN-THE-TRAINER

UNDERSTANDING THE NDP REGULATIONS PUBLISHED BY THE ALABAMA BOARD OF NURSING (BON)

The actual regulation that authorizes the Nurse Delegation Program to be implemented in programs certified by the Department of Mental Health and Mental Retardation is listed below in this section. This regulation was approved by the Alabama Board of Nursing, reviewed by the Alabama Legislature and conforms to national guidelines that have been adopted in at least two-thirds of the states in the United States. As a MATT trainer you should read this regulation and be familiar with all aspects of the material. You should carefully review the training video produced by the BON on the NDP and understand all material in that program. You should emphasize to the MAS candidate that this regulation for the NDP program was approved by the BON for all ADMHMR certified residential facilities and the Department expects adherence to this regulation.

These regulations are subject to change over time based on clinical necessity and best judgment of the Board of Nursing. A second set of regulations pertains to the dispensing of medication as promulgated by the Alabama Board of Pharmacy. These regulations are not included in your handout; however, they do limit the “repackaging” of medications by anyone but a pharmacist.

BON DOCUMENT

The joint statement on nursing delegation may be found on NCSBN's Web site at the following link www.ncsbn.org/pdfs/Joint_statement.pdf

610-X-6.15 Alabama Department of Mental Health Residential Community Programs

- (1) The registered nurse or licensed practical nurse who provides care in residential community mental health programs certified by the Alabama Department of Mental Health is accountable and responsible for the nursing care delivered to patients in those settings.
- (2) Registered nurses or licensed practical nurse who provide nursing care in the residential community mental health setting, and the community extensions including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.
- (3) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency.
- (4) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

- (a) Catheterization, clean or sterile.
 - (b) Administration of injectable medications, with the exception of injectable medications for anaphylaxis such as the Epi-pen®.
 - (c) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
 - (d) Tracheotomy care, including suctioning.
 - (e) Gastric tube insertion, replacement, or feedings.
 - (f) Invasive procedures or techniques.
 - (g) Sterile procedures.
 - (h) Ventilator care.
 - (i) Receipt of verbal or telephone orders from a licensed prescriber.
- (5) The task of assisting with the delivery of prescribed eye, ear, nose, oral, topical, inhalant, rectal, or vaginal medications may only be delegated to a mental health worker by the registered nurse or licensed practical nurse only when the following conditions are met:
- (a) The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.
 - (b) The mental health worker selected by the registered nurse or licensed practical nurse shall attend a minimum twenty-four (24) hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.
 - (6) The registered nurse or licensed practical nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.
 - (7) The registered nurse or licensed practical nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the mental health worker, including, but not limited to:
 - (a) Training.
 - (b) Competency.
 - (c) Documentation.
 - (d) Error reporting.
 - (e) Methods of identification of the right patient, the right task, the right method, and the right quantity at the right time.
 - (8) The registered nurse or licensed practical nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).
 - (9) The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, § 34-21-2(c)(21).

History: Filed November 22, 2005. Effective December 27, 2005. **Amended:** Filed March 12, 2007. Effective April 16, 2007.

SECTION 6

TRAIN-THE-TRAINER

DEFINING PROFESSIONAL ROLES IN THE SYSTEM

This section lists the rights and responsibilities under the Nurse Delegation Program for all components to the Nurse Delegation Program. The NDP program is a team effort that includes nurse, MAC worker, and administrators. The team focuses on better care for residents, better training for workers, and better services provided by administrators. During the course of your training for the MAS nurses, you should be sure that they understand their rights and responsibilities as well as the rights and responsibilities of other members within the team.

RIGHTS AND RESPONSIBILITIES UNDER THE NURSE DELEGATION PROGRAM

1. Rights of the MAC Worker

- To have proper education about medication assistance and orientation to the resident
- To have support by the MAS nurse and other licensed professionals within the residence
- To have 24/7 access to consultation by telephone about questions or concerns as to whether to administer medication
- To have sufficient time to ensure that each resident receives the level of care which is required under the MAC program

2. Responsibilities of the MAC Worker

- To follow all rules and regulations
- To carefully study all MAC material and know residents as well as possible
- To pay attention to the residents on a daily basis and listen to their concerns or complaints
- To ask questions whenever unsure about whether to administer a medication
- To recognize that there is no such thing as a “dumb question” with regard to resident safety

RIGHTS AND RESPONSIBILITIES OF THE MAS NURSING STAFF

1. Nurses' Rights

- To have proper education about the NDP program
- To have adequate time to educate assigned MAC worker
- To have freedom to select and delegate to workers based on each worker's ability and attitude

- To have the right to refuse to certify or maintain a delegation to a worker who does not demonstrate skills and professionalism sufficient to carry this responsibility
- To have an adequate ratio of licensed professionals to MAC workers in order to provide safe management and adequate consultation

2. Responsibilities

- To follow rules and regulations for the NDP
- To assist MAC workers and respond to questions or concerns
- To communicate with concerned facilities
- To educate MAC workers

RIGHTS AND RESPONSIBILITIES OF THE ADMINISTRATION

1. Rights of Administrative Staff

- To select MAS staff capable of managing the NDP system
- To de-select individuals not appropriate for these responsibilities
- To seek assistance from DMHMR certification or quality assurance personnel when problems develop within the NDP system

2. Responsibilities

- To ensure adequate staffing to meet the needs of the resident
- To ensure appropriate response to adverse occurrences
- To ensure that the, licensed professional has adequate time to supervise MAC workers and provide 24/7 back-up support by phone
- To ensure that quality assurance data precisely reflects occurrences within the facility
- To educate MAC staff and resident employees on nurse responsibilities

SECTION 7

TRAIN-THE-TRAINER

USING ALL AVAILABLE RESOURCES AND STRENGTHS

Teaching other professionals can be a challenging experience. The website www.ddmed.org contains extensive information on management of persons with mental retardation. Technical advice is available through the NDP website, www.alanurse.com, or by calling your technical advisor at the divisional level.

Preparation is the key, but confident trainers are not afraid to say those three dreaded words “I don’t know”. As an educator, you should follow the general axiom “Better to un-inform than misinform!” When confronted with a tough question, use the four step approach: 1) compliment the “tough important question, 2) admit they stumped you with the question, 3) tell them you will find out and get back to them, and 4) find out and get back by the end of the day; you have learned something new.

Difficult questions can be referred to the following individuals:

	<u>Telephone</u>	<u>Email</u>
Vanessa Prater Division of Mental Illness	334-242-3217	Vanessa.prater@mh.alabama.gov
Jeff Williams Division of Mental Retardation	334-242-3701	Jeff.williams@mh.alabama.gov
Robert Wynn Division of Substance Abuse Services	334-242-3956	Robert.wynn@mh.alabama.gov
Barbara Womack Office of Certification Administration	334-353-7053	Barbara.womack@mh.alabama.gov

SECTION 8

TRAIN-THE-TRAINER

UNDERSTANDING THE MAC EDUCATIONAL PROGRAM

The training schedule and teaching objectives for the MAC-1 course are as follows. By definition, you should have the ability to teach all of these subjects and handle questions offered by your MAS nurses during training sessions. The MAS nurses will be expected to have sufficient knowledge to teach this material and answer basic questions from the MAC workers. Training must consist of 12 hours of didactic/classroom instruction and 12 hours of hands-on skills/competency evaluation.

CURRICULUM

Nurse Delegation Education Program Teaching Objectives

- 1. KNOWING THE CLIENTS AND THE DELEGATION SYSTEM**
 1. To recognize your clients strengths and weaknesses
 2. To recognize health changes in your client
 3. To explain your responsibilities as a MAC worker
- 2. UNDERSTANDING MEDICATION**
 1. To define medication, their effects and side effects
 2. To recognize common OTC (over the counter) medications
 3. To recognize various forms of medications, i.e. tablets, spansules, capsules, liquids, suspensions, topical preparations, inhalers, etc.
 4. To describe proper storage procedures for medications
- III. UNDERSTANDING PRESCRIPTION MEDICATIONS**
 1. To list and apply the 6 rights of medication administration
 2. To list the 5 categories of medication that delegates may assist with administering
 3. To list the 3 primary expected effects that medications provide
 4. To recognize the difference between generic and brand names of medications
- IV. ASSISTING WITH ORAL MEDICATIONS**
 1. To describe the basic anatomy used in the GI system
 2. To recognize, explain and demonstrate the 14 basic rules of assisting with oral, sublingual and buccal medications.
 3. To accurately document, the client's having taken their medication on the Medication Administration Record (MAR).
 4. To Describe and demonstrate hand-washing techniques

IV. ASSISTING WITH TOPICAL MEDICATIONS

1. To explain the basic anatomy of the integumentary system
2. To recognize, explain and demonstrate the six basic special points or rules, one should remember in assisting with topical agents and skin preparations.
3. Recognize, explain and demonstrate the 14 steps used in assisting with topical medications.
4. To accurately document the procedures on the medication sheet

V. ASSISTING WITH EAR DROPS AND OTHER EAR PREPARATIONS

1. To explain the basic anatomy of the auditory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with eardrops or other ear preparations
3. To accurately document procedures on the medication sheet.

VI. ASSISTING WITH NOSE DROPS AND OTHER NASAL PREPARATIONS

1. To explain the basic anatomy of the nose and sinuses.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with nose drops and other nasal medications.
3. To accurately document the procedures on the medication sheet.

VII. ASSISTING WITH EYE PATCHES, EYE DROPS AND OTHER EYE PREPARATIONS

1. To explain the basic anatomy of the eye.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with eye patches, eye drops, and other eye medications.
3. To accurately document the procedures on the medication sheet.

VIII. ASSISTING WITH INHALED MEDICATIONS

1. To explain the basic anatomy of respiratory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with inhaled medications
3. To accurately document the procedures on the medication sheet.

IX. RECOGNIZING AND RECORDING MEDICATION ERRORS

1. To recognize that a medication error has occurred.
2. To explain the policy and procedure of reporting medication errors
3. To accurately complete the medication error or unusual occurrence report forms

X. RESPECTING YOUR CLIENT'S PRIVACY AND CONFIDENTIALITY

1. To recognize the difference between privacy and confidentiality
2. To recognize the two most common mistakes made in confidentiality and privacy

XI. UNDERSTANDING MEDICATION ERRORS

1. To list the 6 rights of medication administration
2. To describe and define medication error terminology
3. To recognize when an error has occurred
4. To recognize the importance of reporting errors

XII. MAKING A DECISION TO WITHHOLD MEDICATION FROM A CLIENT WITH MENTAL RETARDATION WHILE YOU CONTACT YOUR NURSE

1. To recognize the 10 most common reasons why a MAC worker may choose to hold medications
2. To complete checklist 1-3 with the MAS nurse

XIII. SUPPLEMENTAL INFORMATION ON MENTAL ILLNESS AND SUBSTANCE ABUSE

XIV. SPECIAL PROCEDURES

SECTION 9

TRAIN-THE-TRAINER

PROACTIVE DISCUSSION OF PROBLEM AREAS IN THE NURSE DELEGATION PROGRAM

9.1. Discussion PRN Medications

The discussion of PRN medications is a complex issue that is grounded in Board of Nursing concerns about nursing assessment. The Board and the Department wish to balance practical considerations with resident safety. No one wishes to have nurses repeatedly called with requests for antacids, Tylenol and other simple over-the-counter preparations; however, the system must be balanced to reduce the likelihood that serious medical problems escape detection. The central question is whether a high school graduate with minimal healthcare training can independently distinguish between the heartburn of indigestion and the heart discomfort of angina. Likewise, a resident may be given an antipyretic such as Tylenol to suppress fever without understanding why the resident was experiencing an elevated temperature. Many residents lack the capacity to explain new physical symptoms and the MAC system must be weighted toward caution in evaluating residents.

The PRN system includes three major considerations: 1) lawful order with proper documentation, 2) proper consultation with the “on-call” nurse prior to administration of the medication, and 3) follow-up about efficacy as determined by the nurse.

All PRN medications must have written or verbal directions from a physician that includes specifics of dose and indications for which the medication can be given. The MAC worker must seek telephone approval by the on-call nurse to assure that the medication is appropriate to the condition. Additional PRN doses can be administered by the MAC worker upon direction from the on-call nurse based on the specific directions of the nurse. Other medications cannot be given without explicit directions from the on-call nurse.

The on-call nurse is responsible to determine the parameters on follow-up on efficacy of the medication. Those instructions will be given by the nurse to the worker.

9.2. Discussing Seizure Management

Many residential homes have previously established protocol for administration of Diastat suppositories as prescribed by neurologists or other clinicians to control seizures. This rectal suppository is relatively safe and is effective at reducing the intensity or severity of persistent seizures.

Many residential facilities do not use Diastat suppositories and these organizations rely on paramedics to deal with serious, life-threatening seizures. Rural residential facilities do not have access to rapid medical response and therefore, the Board was willing to grant this exception to protect residents with serious seizure disorders.

The teaching on seizure disorders should focus on the complete management of these residents rather than on the use of Diastat to sedate the resident. Early recognition of seizures, physical management of the seizing resident, and proper use of EMT services are as important as the methods for inserting a Diastat rectal suppository. The Department specifically avoided the use of prescriptive guidance on Diastat because each resident is different and each facility uses specific management strategies for these residents. Different neurologists provide a range of instructions on how and when to use Diastat based on the resident's seizure disorder. The choice to use Diastat suppositories requires a close collaboration with the treating neurologist.

TERMINOLOGY

BON – Board of Nursing. An agency within the state of Alabama government that regulates nursing services. All nurses practicing in Alabama must adhere to BON regulations.

BOP – Board of Pharmacy. An Alabama state organization that regulates the practice of pharmacy administration of medications. All medications must be dispensed in accordance of BOP regulations.

DMHMR – the Alabama Department of Mental Health and Mental Retardation. A cabinet-level state organization that has the authority to certify and reimburse facilities for residential care provided to persons with mental illness, mental retardation, or substance abuse.

HIPAA – Health Insurance Portability and Accountability Act. A federal act and implementing regulations that protect the privacy of individuals and limit the distribution of confidential health information.

MAC – Medication Assistance Certified workers. MAC workers are individuals with a high school education who have undergone 24 hours of MAC training and have passed Level-1 and Level-2 examinations.

MAC-1. Medication Assistance Certification – Level 1. A course of 12 hours that covers basic information that can be used in all treatment settings. The MAC-1 certificate is good in any facility certified by the Department of Mental Health and Mental Retardation.

MAC-2. The hands-on training provided by the MAS nurse to assure that a person is competent to perform basic skills within a designated organization. MAC-2 certification is only good for specific organizations or facilities.

MAR – Medication Administration Record. An official, legal document that details the medications provided to a resident as well as their administration in effect. Only a licensed nurse can change an MAR according to the BON rules in Alabama. The MAC worker can state whether a specific resident took a medication at any particular time.

MAS – Medication Assistant Supervising nurse. This term refers to registered nurses or LPN's who have undergone four hours of training, successfully completed the test, and are certified to delegate assistance responsibility to non-licensed healthcare workers.

MATT – Medication Assistant Train-the-Trainer. Individuals within specific organizations who are certified to train MAS staff. MATT workers take two additional hours of education in addition to the basic MAS training and must pass an additional test beyond the MAS examination.

NDP - Nurse Delegation Program. A general term that refers to the entire system that allows non-licensed persons to assist licensed nursing professionals in the administration of medications.

KEY TO SPECIFIC DOCUMENTS IN THE NDP SYSTEM

NDP	DOCUMENT
1	MATT MANUAL
2	MAS MANUAL
3	MAC MANUAL (3.1, 3.2, 3.3 MR SLIDES, 3.4 MI/SA SLIDE)
4	MAC FACTS
5	NDP OPERATING MANUAL
6	NDP ATTENDANCE SHEETS
7	MAC TEST
8	MAS TEST
9	MATT TEST
10	STAFF EVALUATION FORMS

